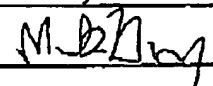


S&amp;H Form: (02/05)

<b>REPLY/AMENDMENT FEE TRANSMITTAL</b>		Attorney Docket No.	1454.1217		
		Application Number	10/084,654		
		Filing Date	February 28, 2002		
		First Named Inventor	Bernhard MAYR		
		Group Art Unit	2686		
AMOUNT ENCLOSED	0.00	Examiner Name	DANIEL JR, WILLIE J		
<b>FEE CALCULATION (fees effective 12/08/04)</b>					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	9	- 20 =	0	X \$ 50.00 =	\$ 0.00
INDEPENDENT CLAIMS	2	- 3 =	0	X \$ 200.00 =	0.00
Since an Official Action set an <u>original</u> due date of <u>November 9, 2005</u> , petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months (\$1,590)); (5 months (\$2,160)).					
If Notice of Appeal is enclosed, add (\$500.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations =					\$ 0.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
<b>TOTAL FEES DUE =</b>					\$ 0.00
(1) If entry (1) is less than entry (2), entry (3) is "0".					
(2) If entry (2) is less than 20, change entry (2) to "20".					
(4) If entry (4) is less than entry (5), entry (5) is "0".					
(5) If entry (5) is less than 3, change entry (5) to "3".					
<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>					
I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents					
P.O. Box 1450, Alexandria, VA 22313-1450					
On <u>Nov 9</u> , 20 <u>05</u>					
By: <u>STAAS &amp; HALSEY</u>					
Date: <u>11-9-05</u>					
<b>METHOD OF PAYMENT</b>					
<input type="checkbox"/> Check enclosed as payment.					
<input type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below.					
<input checked="" type="checkbox"/> No payment is enclosed.					
<b>GENERAL AUTHORIZATION</b>					
<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:					
Deposit Account No.		19-3935			
Deposit Account Name		STAAS & HALSEY LLP			
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.					
SUBMITTED BY: STAAS & HALSEY LLP					
Typed Name	Mark J. Henry		Reg. No.	36,162	
Signature			Date	November 9, 2005	

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